

<div style="display: flex; justify-content: space-between;"> <div> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875) </div> <div> <b>SERIAL NO.</b> 097423619 </div> <div> <b>FILING DATE</b> </div> </div>						
APPLICANT(S)						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7		①				
8		①				
9		1				
10		1				
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12		①				
13		1				
14		①				
15		1				
16		1				
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TOTAL DEP.		↓	8	↓		↓
TOTAL CLAIMS			10			

  

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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						